10/10/2007

UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

APR 2 3 2008 aeu Apr 23, 2008 MICHAEL W. BUSSINS CLERK, U.S. DISTRICT COURT

IN FORMA PAUPERIS APPLICATION AND ETNANCIAL AFFIDAVIT

701	Finne	Leron Willis		FINANCIAL	AFFIJAVII	•
[//	Plainti	im				
5+a	v. <u>Afe 1</u> Defe	of FLLindis ndant(s)	C <i>A</i> JU	se number <u>)</u> dge <i>[har]_f</i>	8 C 19 8 R NO	<u>164</u> 0091e
more i. provid I, <u>Hr</u> (other witho declar the co follow	nformation of the condition of the condi	included, please place an X into a than the space that is provided, itional information. Please PRIME (IT S) in the above-enting epayment of fees, or [] in suppart unable to pay the costs of petition/motion/appeal. In suppart under penalty of perjury	attach one or mor NT:, declare the state of my motion these proceeding apport of this person.	at I am the Elpla fidavit constitutes in for appointment is, and that I am e tition/application/	antiff Expetition in the second secon	er Umovant It to proceed both. I also ief sought in I answer the
1.	Are yo I.D. # ₁ Do yo	ou currently incarcerated? 20060073927 N u receive any payment from th	MYes ame of prison or he institution? □	∏No (If" jail: <u>CoolC</u> IYes ⊠No Mo	No," go to Ques <u>COUNTY</u> onthly amount:	tion 2)
2.	Month	ou currently employed? hly salary or wages: and address of employer:		MNo		
	a.	If the answer is "No": Date of last employment: Monthly salary or wages: Name and address of last er	3 · / · 00 56.50 nployer:	Chic	: a50 Me	di-Car
	b.	Are you married? Spouse's monthly salary or Name and address of employ	□Yes wages: yer:	750 		
3.	or any	from your income stated above yone else living at the same res? Mark an X in either "Yes"	esidence receive	Question 2, in the domestion \$200	0 from any of th	ne following
	a. Amou	Salary or wages nt	Received by		□Yes	¤INo

AmountReceived by	□Yes	Ø,
c. □ Rent payments, □ interest or □ dividends Amount Received by	□Yes	-
d. □ Pensions, □ social security, □ annuities, □ life insu	rance, disability	⁄, □ wo
compensation, □ unemployment, □ welfare, □ alimony of	r maintenance or 🗆	child si
AmountReceived by	□Yes	Æ
Amount		
e. □ Gifts or □ inheritances	□Yes	ø
AmountReceived by		
C DAmy other courses (state any reat) UVec	174
f. Any other sources (state source: Amount Received by) L163	7-
financial instruments?	□Yes	- 1
Property: Current Value: In whose name held: Relationship to y		
Property: Current Value: Relationship to y Do you or anyone else living at the same residence own any	/ou:real estate (house	s, apart
Property: Current Value: Relationship to y Do you or anyone clse living at the same residence own any condominiums, cooperatives, two-flats, three-flats, etc.)?	/ou:real estatc (house	s, apart
Property: Current Value: Relationship to y Do you or anyone clse living at the same residence own any condominiums, cooperatives, two-flats, three-flats, etc.)?	/ou:real estatc (house	s, apart
Property: Current Value: Relationship to y Do you or anyone else living at the same residence own any condominiums, cooperatives, two-flats, three-flats, etc.)? Address of property: Current value:	/ou:real estate (house □Yes	s, apart
Property: Current Value: Relationship to y Do you or anyone clse living at the same residence own any condominiums, cooperatives, two-flats, three-flats, etc.)?	/ou:real estate (house □Yes	s, apart
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Property: Current Value: In whose name held: Relationship to y Do you or anyone else living at the same residence own any condominiums, cooperatives, two-flats, three-flats, etc.)? Address of property: Current value: Type of property: Current value: In whose name held: Relationship to you amount of monthly mortgage or loan payments: Name of person making payments: Do you or anyone else living at the same residence own any authomes or other items of personal property with a current market Property:	real estate (house □Yes ou: tomobiles, boats, to value of more than □Yes	s, apart
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I declare under penalty of perjury that the above to 28 U.S.C. § 1915(e)(2)(A), the court shall disallegation of poverty is untrue. Date: 4-17:08	information is true and correct. 1 under smiss this case at any time if the course of Application of Application (Print Name)	t determines that my Millis cant			
NOTICE TO PRISONERS: A prisoner muinstitutional officer or officers showing all recein the prisoner's prison or jail trust fund accounts covering a full six months before you have filed in your own account-prepared by each institutiperiod-and you must also have the Certificate be	ipts, expenditures and balances during. Because the law requires information your lawsuit, you must attach a sheet on where you have been in custody do	g the last six months on as to such accounts covering transactions turing that six-month			
(Incarcera	RTIFICATE ited applicants only) the institution of incarceration)				
I certify that the applicant named herein,	, I.D.#	has the sum of			
\$ on account to his/her credit a					
further certify that the applicant has the following securities to his/her credit: I furt					
certify that during the past six months the appli	icant's average monthly deposit was	\$			
(Add all deposits from all sources and then divi	de by number of months).				
DATE	SIGNATURE OF AUTHORIZE	D OFFICER			

rev. 10/10/2007

(Print name)